



## Privileges in Vascular Surgery Service

# SAMPLE



### Required Qualifications

<b>Education/Training</b>	<p>Successful completion of an ACGME or AOA accredited Residency/Fellowship in Vascular Surgery or foreign equivalent training.</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in Vascular Surgery by the American Board of Surgery or foreign equivalent training/board.</p> <p style="text-align: center;"><b>OR</b></p> <p>Documentation or attestation of the management of vascular surgical problems for at least 100 inpatients or outpatients as the attending physician (or senior resident) during the past two years</p>
<b>Additional Credentialing Criteria (Initial and Reappointment)</b>	<p>In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years</p> <p>Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required</p> <p>Teaching appointment to work in SHC outpatient clinics</p> <p>Membership and privileges at LPCH to admit, treat patients 14 years old and younger</p> <p>To be granted Central Venous Catheter Insertion must complete "Getting to Zero" educational module</p>
<b>Clinical Experience (Initial)</b>	<p>.</p>
<b>Endovascular procedures, including balloon dilation, stenting and stent-grafting</b>	<p>Residency in Vascular Surgery which included this training (documentation required)</p> <p style="text-align: center;"><b>OR</b></p> <p>ACGME fellowship in Vascular Surgery</p> <p style="text-align: center;"><b>OR</b></p> <p>Completed 3 month mini fellowship in Vascular Surgery.</p>
<b>Carotid Stenting</b>	<p>10 procedures within the previous 2 years - Case log required</p>
<b>Clinical Experience (Reappointment)</b>	<p>Minimum 100 Core cases required during the past 2 years</p> <p>Minimum 5 cases required during the past 2 years - Endovascular procedures, including balloon dilation, stenting and stent-grafting; Carotid Stenting</p> <p>Minimum 10 arteriograms required during the past 2 years - Carotid Stenting</p>
<b>FPPE Chart Reviews</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF</p>

DURING THE APPROVAL PROCESS

3 Chart Reviews - Arterial Repair

1 chart review - Administration of Moderate Sedation; Endovascular procedures, including balloon dilation, stenting and stent-grafting; Carotid Stenting

**FPPE Observations**

2 observations - Arterial Reconstruction

1 observation - Endovascular procedures, including balloon dilation, stenting and stent-grafting; Carotid Stenting

**Provide care on LPCH patients in specific areas of SHC**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

**Core Privileges**

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Core privileges include:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide medical and surgical treatment to patients presenting with vascular diseases and disorders.	<input type="checkbox"/>
<input type="checkbox"/>	Diagnosis and treatment of diseases and disorders of the arterial, venous, and lymphatic circulatory systems	<input type="checkbox"/>
<input type="checkbox"/>	Extracranial cerebrovascular procedures	<input type="checkbox"/>
<input type="checkbox"/>	Aortic procedures	<input type="checkbox"/>
<input type="checkbox"/>	Revascularization - upper extremity, lower extremity, renal, visceral artery	<input type="checkbox"/>
<input type="checkbox"/>	Embolectomy/thrombectomy	<input type="checkbox"/>
<input type="checkbox"/>	Arteriovenous fistula or shunt	<input type="checkbox"/>
<input type="checkbox"/>	Amputation of extremity or digit	<input type="checkbox"/>
<input type="checkbox"/>	Endovascular procedures excluding balloon dilation, stenting and stent-grafting.	<input type="checkbox"/>
<input type="checkbox"/>	Angioscopy	<input type="checkbox"/>
<input type="checkbox"/>	Arteriography / Venography	<input type="checkbox"/>
<input type="checkbox"/>	Procedures for varicose veins	<input type="checkbox"/>
<input type="checkbox"/>	Central Venous Line Insertion	<input type="checkbox"/>

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Endovascular procedures, including balloon dilation, stenting and stent-grafting	<input type="checkbox"/>
<input type="checkbox"/>	Carotid Stenting	<input type="checkbox"/>

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